

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0051145

DO NOT WRITE  
ON THIS STUD

AMENDED

FILED 03 64

218

Primary Registration District No. 5789

Registrar's No.

STATE FILE NUMBER

VS 300 Rev. 4/59	DATE AMENDED	DOCUMENT
0670		
0671		
3		
4 2		
5 0		
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7 0		
8 0		
9 050		
10		
11		
12 70-2		
13 2-1		
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS		MEDICAL CERTIFICATION
INSTEAD OF		
SHOULD READ		

USE BLACK INK  
OR  
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Mississippi</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Mississippi</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. James</b>		Length of stay in 1b <b>3 years</b>	c. CITY OR TOWN <b>East Prairie,</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>4 Mi. S. East Prairie, Mo.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Route 2,</b>
3. NAME OF DECEASED (Type or print) First <b>Joseph</b> Middle <b>Allen</b> Last <b>Allen</b>		4. DATE OF DEATH Month <b>Dec.</b> Day <b>7</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2-17-1959</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <b>4</b>
11. BIRTHPLACE (City and state or country) <b>Mississippi Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Charles Allen</b>		13b. MOTHER'S MAIDEN NAME <b>Corrine Lacey</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		17. INFORMANT <b>Charles Allen, East Prairie, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Renal block</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b>acute glomerulonephritis</b> DUE TO (b) <b>Scarlet fever</b> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs</b> <b>5 days</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>12/8/63</b> to <b>12/7/63</b> and last saw her alive on <b>12/5/63</b> Death occurred at <b>3 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>T. R. Fenton, DO</b>		22b. ADDRESS <b>Charleston, Missouri</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>12-9-1963</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Charleston, Missouri</b>	
24. FUNERAL DIRECTOR <b>Travis Shelby, East Prairie, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Jan. 29, 1964</b>	
26. REGISTRAR'S SIGNATURE <b>Daniel Fitzgibbon</b>			

(Licensed Embalmers' Statement on Reverse Side)

1961 8 28 339

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Travis Shelby Jr.*

Licensed Embalmer No. 4940

P. O. Address

*East Prairie, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.